

# Daily Inspection Log for Radioactive Waste Retention Tank Systems

Tank No(s) \_\_\_\_\_ Building No. \_\_\_\_\_

Instructions: Check (✓) if item has been inspected and does not need corrective action. If corrective action is needed, initial within the respective box. Indicate N/A for item that is not applicable. Identify volume in tank. Provide Inspector/Employee information. Identify corrective actions if necessary.

Inspection Items	S	M	T	W	Th	F	S
<b>Overfill/Discharge Control Equipment</b>							
1. Waste Cutoff System Operating							
2. Automatic Bypass System Operating							
3. Drainage System Operating							
4. Recirculating Pump(s) Operating							
5. Transfer Pump(s) Operating							
6. Overfill/Discharge Equip. Problem Free							
7. Other							
<b>Monitoring Equipment</b>							
8. Enter the Pressure Gauge Reading							
9. Enter the Temperature Gauge Reading							
10. Alarm System Operating							
11. Leak Detection Equipment Operating							
12. Monitoring Equipment Problem Free							
13. Other							
<b>Tank/Frame/Piping/Valve Condition/ Welds &amp; Joints</b>							
14. No Leaks							
15. No Visible Cracks or Buckling							
16. No Visible Corrosion							
17. No Stains or Blistering							
18. No Visible Problems							
19. Other							

Inspection Items	S	M	T	W	Th	F	S
<b>Berm/Secondary Containment</b>							
20. Contaminated Vegetation Absent							
21. Berms Free of Liquid and Stains							
22. Free of Debris							
23. No Stains							
24. No Visible Cracks							
25. Drainage Valve Closed							
26. Any Containers Free of Leaks and Stains							
27. Other							
<b>Surrounding Area</b>							
28. Free of Erosion							
29. No Unexplained Change in Vegetation							
30. Other							
Operating Instructions Posted							
Tank Labeled Hazardous or Mixed Waste							
“NO SMOKING” Sign Posted							
Liquid Waste Level [Measurement]							
31. Open Top Tank Volume [Conversion Gals.]							
32. Closed Top Tank Volume							

Inspection Date	_____ [S]	_____ [M]	_____ [T]	_____ [W]	_____ [Th]	_____ [F]	_____ [S]
Time	_____	_____	_____	_____	_____	_____	_____
Inspector Name (printed)							
Inspector Signature							

Item No.	Date	Tank/Area	Comments/Corrective Actions Needed	Nature of Repairs	Actions Corrected by	Date Action(s) Corrected

Note: Open-top tanks must have a minimum 2-foot clearance from the top of the tank to the level of the liquid.